

# TRANSMITTAL FORM

Application Number	10/520,380
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First Named Inventor	Djupestrand, Per Gisle
Group Art Unit	3771
Examiner Name	Matter, Kristen Clarette
Attorney Docket No.	44508-149
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES *(check all that apply)*

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form  <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]  <input type="checkbox"/> Petition for Extension of Time  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)  <input type="checkbox"/> Replacement Drawing(s)  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction  <input type="checkbox"/> Certificate of Correction  <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)  <input type="checkbox"/> Status Inquiry  <input type="checkbox"/> Return Receipt Postcard  <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below)</i> <input checked="" type="checkbox"/> Part B-Fee(s) Transmittal (PTO form PTOL-85)
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